

What does the Fraud Unit do about it?

The Fraud Unit has the ability and resources to devote all its time to insurance fraud; whereas other law enforcement agencies are targeting their attention to violent crimes.

This Unit began in the fiscal year 1994 after the Governor signed a bill into law to provide for the investigation of criminal fraud by members of the Arizona Department of Insurance (ADOI). Fraud Unit. *Arizona fraud statutes* make it unlawful to make or assist in the making of a fraudulent insurance claim against any licensed insurer in Arizona.

Through the *investigation process* of fraudulent claims and practices and the education of the public (through seminars) the Fraud Unit strives to reduce this increasingly costly problem. We are not alone in this fight. The Attorney General's and County Attorney's Investigations units, insurance companies, local law enforcement as well as the National Insurance Crime Bureau (NICB) work hand-in-hand with the Fraud Unit to combat insurance crimes.

The Fraud Unit's Investigation Process

The investigative process by the fraud unit includes the following steps:

- ☐ Upon receiving a referral from an insurance company or an individual, the Fraud Unit staff first evaluates it to determine whether it merits a full investigation. If a referral is judged to warrant further examination, it is assigned to an investigator.
- ☐ Once a case is opened, the Fraud Unit will not comment on it, nor does it comment on any ongoing investigation.
- ☐ Investigations recommended for criminal prosecution are referred to the Attorney General's Office.
- ☐ All referrals, including those that are determined not to merit a full investigation, are entered into the Fraud Unit's database. Subsequent referrals may then be compared to the information in the database for similar claims or patterns.